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73301

# State of Nebraska Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

1	<b>Total Number of Vehicles</b>	Local No./ District 79	Agency Case No. B5-114253	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 3
A/1 01	<b>DATE OF ACCIDENT</b>	M M / D D / Y Y Y Y 12/10/2015		(In Military Time) TIME OF ACCIDENT 1316		STATE USE ONLY  12/10/2015
A/2	<b>PLACE OF ACCIDENT</b>	COUNTY Lancaster	POLICE NOTIFIED 1317			
B 62		CITY Lincoln	PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO			
C 1	<b>ROAD ON WHICH ACCIDENT OCCURRED</b>	STREET/ HIGHWAY NO. O st Centennial Mall to 16th		ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO		LATITUDE
D 1	<b>DISTANCE FROM MILEPOST</b>	FEET	N S E W OF MILEPOST	HIGHWAY NO.		LONGITUDE
E 1	<b>IF AT INTERSECTION</b>		<b>IF NOT AT INTERSECTION</b>			
	NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
			15.00	X	O st	
V1/M 01	<b>IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN</b>					
V2/M	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
F 1	<b>R. WORK ZONE CODES</b>	R1 R2 R3 R4	<b>S. PEDESTRIAN CLASSIFICATION CODES</b>	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
	1		10 2 1 1 01			
<b>VEHICLE NO. 1</b>						
F 1	<b>DRIVER LICENSE NO.</b>	H13605286		<b>STATE (Of License)</b>	NE	<b>SEX</b> <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/N 1	<b>DRIVER</b>	PAULA D LOPEZ		<b>PHONE</b>	402-570-6603	
V2/N	<b>DRIVER ADDRESS</b>	CITY, STATE, ZIP 4600 CHRISTOPHER CT, LINCOLN, NE 68516		<b>DATE OF BIRTH (MM / DD / YYYY)</b>	07/10/1960	
G 1	<b>OWNER</b>	CARLOS E LOPEZ		<b>PHONE</b>	402-570-6603	
	<b>OWNER ADDRESS</b>	CITY, STATE, ZIP 4600 CHRISTOPHER CT, LINCOLN, NE 68516		<b>CITATION</b> <input type="radio"/> YES <input checked="" type="radio"/> NO	<b>CITATION NO.</b>	
H 5	<b>LICENSE PLATE NO.</b>			<b>YEAR (Plate Expires)</b>		<b>STATE (Of Plate)</b>
V1/O 2	<b>VEHICLE</b>	2016	Chrysler	FIAT	Compact Utility	red
V2/O	<b>ESTIMATED DAMAGE</b>	<input type="radio"/> TOTALED \$ 500				
	<b>VEHICLE ID No. (VIN)</b>	ZFBCFYDT5GP403412		<b>INSURANCE COMPANY</b>	GEICO	
	<b>TOWED TO</b>			<b>TOWED BY</b>		
				<b>POLICY NO.</b>	2006836551	
<b>VEHICLE NO. 2</b>						
I 1	<b>DRIVER LICENSE NO.</b>			<b>STATE (Of License)</b>		<b>SEX</b> <input type="radio"/> FEMALE <input type="radio"/> MALE
V1/P 1	<b>DRIVER</b>			<b>PHONE</b>		
V2/P	<b>DRIVER ADDRESS</b>	CITY, STATE, ZIP		<b>DATE OF BIRTH (MM / DD / YYYY)</b>		
J 01	<b>OWNER</b>			<b>PHONE</b>		
	<b>OWNER ADDRESS</b>	CITY, STATE, ZIP		<b>CITATION</b> <input type="radio"/> YES <input type="radio"/> NO	<b>CITATION NO.</b>	
V1/Q 4	<b>LICENSE PLATE NO.</b>			<b>YEAR (Plate Expires)</b>		<b>STATE (Of Plate)</b>
V2/Q	<b>VEHICLE</b>					<input type="radio"/> TOTALED \$
	<b>VEHICLE ID No. (VIN)</b>			<b>INSURANCE COMPANY</b>		
K 09	<b>TOWED TO</b>			<b>TOWED BY</b>		
				<b>POLICY NO.</b>		
<b>Complete this section for all injured persons</b> (Complete a continuation report, if more than three were injured)						
VEH. # 0	<b>NAME</b>	ADDRESS		<b>DATE OF BIRTH (MM / DD / YYYY)</b>	1 Seat Position	2 Eject
	JARED T FRIEND 1035 SUMNER, LINCOLN, NE 68502			07/06/1996	19	12
	<b>LOCAL NO.</b>	<b>MEDICAL FACILITY NAME</b>	<b>EMS SERVICE NAME</b>	<b>EMS RUN REPORT NO.</b>		
VEH. #	<b>NAME</b>	ADDRESS			3 Body Region	4 Injury Sev.
					5 Trans.	SEX M F
	<b>LOCAL NO.</b>	<b>MEDICAL FACILITY NAME</b>	<b>EMS SERVICE NAME</b>	<b>EMS RUN REPORT NO.</b>		
VEH. #	<b>NAME</b>	ADDRESS				
	<b>LOCAL NO.</b>	<b>MEDICAL FACILITY NAME</b>	<b>EMS SERVICE NAME</b>	<b>EMS RUN REPORT NO.</b>		

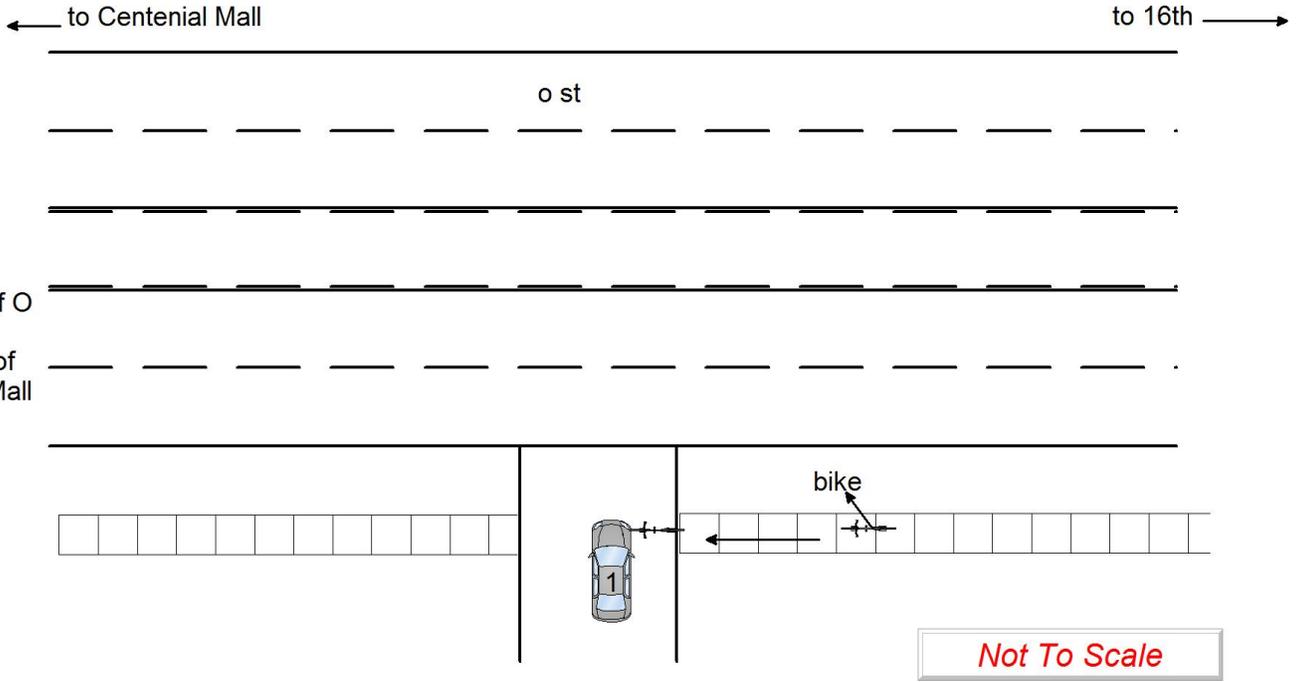
**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
B5-114253



Indicate North by Arrow



**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

Driver #1 said she was pulling out from the parking garage 115 S. 16, to get onto O st. As she got almost out onto the street she was struck by Jared Friend, who was on his bicycle W bound on the S sidewalk for O st. Jared and Dr. 1 exchanged phone numbers and Jared rode off. Jared said he was West on the sidewalk, "riding like a dingus" Jared said he saw veh 1 pulling out of the parking garage but didn't stop in time to avoid hitting veh 1. The area Jared was driving in is a no bike on sidewalk area downtown.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
	grn Centurian Sport	Jared Friend	1035 Sumner, Lincoln, NE 68502	402-570-8185	\$ 55
PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
					\$
WITNESSES	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		

<b>VEHICLE MOVEMENT BEFORE COLLISION</b>		<b>POINT OF IMPACT AND MOST DAMAGED AREA</b> <i>(Enter numbers for each vehicle)</i>		<b>AIRBAG DEPLOYED VEHICLE 1</b>	<b>RESTRAINT USE VEHICLE 1</b>	<b>TOTAL OCCUPANTS</b>	VEH 1	1	VEH 2
VEH NO.	N S E W	ROAD OR HIGHWAY NAME	VEHICLE 1	VEHICLE 2					
1	X	PARKING LOT	POINT OF IMPACT	02					
2			MOST DAMAGED AREA	02					
1	01	06 Turning left							
2		08 Entering traffic lane							
		09 Leaving traffic lane							
		10 Parked							
		11 Slowing or stopped in traffic							
		12 Other							
		13 Unknown							
01		Essentially straight ahead	00 None	02	03	04			
02		Backing	09 Top & windows	01		05			
03		Changing lanes	10 Undercarriage						
04		Overtaking/ Passing	11 Total (all areas)						
05		Turning right	12 Other						
06			13 Unknown						
07									
08									
09									
10									
11									
12									
13									
OFFICER NO.	TROOP/TEAM/BEAT		DEPARTMENT		ALCOHOL/DRUGS SUSPECTED		Photographs taken?		
965	CE		Lincoln Police Department		1		YES NO		
INVESTIGATOR NAME (Print or Type)			INVESTIGATOR SIGNATURE			DATE OF REPORT			
Richard Fitch			Approved by Officer Richard Fitch			12/10/2015			